

DUE DATE:

TRANSCRIPT ORDER					
1. NAME Teresa Pilatowicz, Esq.		2. PHONE NUMBER 725-777-3000			
3. DATE 1/28/22					
4. FIRM NAME Garman Turner Gordon LLP					
5. MAILING ADDRESS 2415 E. Camelback Rd., Suite 700		6. CITY Phoenix	7. STATE AZ		
8. ZIP CODE 85016		9. CASE NUMBER 2:19-cr-00898-DLR			
10. JUDGE Deborah M. Fine		DATES OF PROCEEDINGS 11. 12/29/2022 12. 1/18/2022			
13. CASE NAME USA v. Harbour		LOCATION OF PROCEEDINGS 14. Phoenix 15. STATE AZ			
16. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER (Specify)					
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)					
PORTIONS	DATE(S)	PORTION(S)	DATE(S)		
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)		Pretrial release revocation	12/29/2021		
<input type="checkbox"/> OPINION OF COURT		hearing	1/18/2022		
<input type="checkbox"/> JURY INSTRUCTIONS		<input type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING					
<input type="checkbox"/> BAIL HEARING					
18. ORDER					
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	ESTIMATED COSTS
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY <input checked="" type="checkbox"/> PDF (e-mail) <input type="checkbox"/> ASCII (e-mail)	E-MAIL ADDRESS tpilatowicz@gtg.legal
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
7 DAYS(expedited)	<input type="checkbox"/>	<input type="checkbox"/>			
3 DAYS	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.	
19. SIGNATURE /s/ Teresa M. Pilatowicz					
20. DATE 1/28/22					
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL	
ORDER RECEIVED		DATE	BY	PROCESSED BY	PHONE NUMBER
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	
TRANSCRIPT RECEIVED				LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	

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